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Image# 13942599838

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	or An Author	rized Comr	nittee			Office Use Only
NAME OF COMMITTEE (in full)  TYPE	OR PRINT ▼		ımple: If typin r the lines.	g, type	12FE4M5	
THIGPEN FOR CONGRESS	3					1
ADDRESS (number and street)	OX 12034					
Check if different						
than previously reported. (ACC)	KSONVILLE				NC L	28546
2. FEC IDENTIFICATION NUMBER		CITY A		5	STATE A	ZIP CODE
C C00541409	3.	IS THIS REPORT	× NEW	OR	AMENE (A)	STATE ▼ DISTRICT  DED  NC 03  L 03
4. TVDE OF DEDORT	.					
4. TYPE OF REPORT (Choose Or (a) Quarterly Reports:	(b)	12-Day <b>PRE</b> -	Election Repo	ort for the:		
(a) Quarterly Reports:			Primary (12P)		General (1	12G) Runoff (12R)
April 15 Quarterly Report (	21)	П	Convention (	12C)	Special (1	28)
July 15 Quarterly Report (C	(2)		Convention	120)	opeoidi (1	20)
X October 15 Quarterly Repo	rt (Q3)	Election on	M M /	D D /	Y Y Y	in the State of
January 31 Year-End Repo	rt (YE) (c)	30-Day <b>POS</b> 1	Г-Election Rep	oort for the:		
			General (30G	)	Runoff (30	DR) Special (30S)
Termination Report (TER)		Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 07 /		Y Y Y 2013	through	M M 09	/ D D /	Y Y Y Y 2013
I certify that I have examined this Repo	rt and to the b	est of my kno	owledge and i	belief it is tru	ie, correct and	d complete.
Type or Print Name of Treasurer Chr	s Thigpen					
Signature of Treasurer Chris Thigper	ı	ı	[Electronically l	Filed] D	ate 11	/ D D / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous, or	incomplete info	rmation may s	ubject the per	son signing tl	nis Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 18

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

#### THIGPEN FOR CONGRESS

07 09 30 2013 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 3020.00 17035.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 3020.00 17035.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 4254.24 23490.01 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4254.24 23490.01 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of -855.01 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 5600.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts PAGE 3 / 18 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

#### THIGPEN FOR CONGRESS

01 2013 09 30 2013 Report Covering the Period: From: To:

	I. RECEIPTS	I. RECEIPTS  COLUMN A Total This Period		
1. C	ONTRIBUTIONS (other than loans) FROM:			
(a)	) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	570.00	13540.00	
	(ii) Unitemized	50.00	1095.00	
	(iii) TOTAL of contributions from individuals	620.00	14635.00	
(b)	) Political Party Committees	0.00	0.00	
(c)	) Other Political Committees (such as PACs)	0.00	0.00	
(d) (e)	) TOTAL CONTRIBUTIONS	2400.00	2400.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3020.00	17035.00	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
3. LC	DANS:			
(a)	) Made or Guaranteed by the Candidate	1300.00	5600.00	
(b)	) All Other Loans	0.00	1000.00	
(c)	) TOTAL LOANS (add Lines 13(a) and (b))	1300.00	6600.00	
4. OI	FFSETS TO OPERATING			
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
6. <b>T</b> (	OTAL RECEIPTS (add Lines	9 9 9	9 9	
11 (C	1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	4320.00	23635.00	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4254.24	23490.01
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00
	by the Candidate(b) Of All Other Loans	1000.00	1000.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	1000.00	1000.00
 20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	5254.24	24490.01
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	79.23
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	4320.00
25.	SUBTOTAL (add Line 23 and Line 24)		4399.23
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	5254.24
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		-855.01

## SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	FOR LINE NUMBER:			PAGE		<u> </u>	OF		10	
(check only one)										
X	11a		11b		11c		11	d		
	12		13a		13b		14			15

	ny information copied from such Reports and St for commercial purposes, other than using the						
$\rangle$	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS						
۹.	Full Name (Last, First, Middle Initial) Brenda Thigpen  Mailing Address 151 Pamlico Drive		Date of Receipt  08 14 2013				
	City Holly Ridge	State Zip Code NC 28445	08 Transaction	2013 .l.4329			
	FEC ID number of contributing federal political committee.	C	Amount of	Each Rece	eipt this Period		
	Name of Employer Hanover Excess Insurance  Receipt For: 2014  Primary General Other (specify)	Occupation Adjuster  Election Cycle-to-Date  570.00		,	<i>y</i>		
3.	Full Name (Last, First, Middle Initial)  Mailing Address			ceipt	/ Y = Y = Y = Y		
	City State Zip Code						
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of	Each Rece	eipt this Period		
	Receipt For:  Primary General Other (specify)	Election Cycle-to-Date					
_	Full Name (Last, First, Middle Initial)		Date of Re	ceipt			
٠.	Mailing Address  City	State Zip Code	M = M /	D	Y   Y   Y   Y   Y		
	FEC ID number of contributing federal political committee.	C	Amount of	Each Rece	eipt this Period		
	Name of Employer	Occupation		9	,		
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date					
S	SUBTOTAL of Receipts This Page (optional)			,	570.00		
Т	OTAL This Period (last page this line number o	nly)		,	570.00		

#### SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 6 OF 18 Use separate schedule(s) (check only one) for each category of the X 11d 11a 11b 11c Detailed Summary Page 12 13a

ITEMIZED RECEIPTS 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS Full Name (Last, First, Middle Initial) Jason Ray Thigpen Date of Receipt Mailing Address 151 Pamlico Drive 2013 31 City State Zip Code Transaction ID: SA11D.4349 NC 28445 Holly Ridge FEC ID number of contributing Amount of Each Receipt this Period H4NC03042 federal political committee. 800.00 Name of Employer Occupation In-kind - Office Space, Telephone None N/A Receipt For: 2014 Election Cycle-to-Date X Primary General 11200.00 Other (specify) Full Name (Last, First, Middle Initial) Jason Ray Thigpen Date of Receipt Mailing Address 151 Pamlico Drive 31 2013 City State Zip Code Transaction ID: SA11D.4350 Holly Ridge NC 28445 FEC ID number of contributing H4NC03042 Amount of Each Receipt this Period С federal political committee. 800.00 Name of Employer Occupation N/A In-kind - Office Space, Telephone None Receipt For: 2014 Election Cycle-to-Date | Primary General 12000.00 Other (specify) Full Name (Last, First, Middle Initial) Jason Ray Thigpen Date of Receipt Mailing Address 151 Pamlico Drive 2013 30 City State Zip Code Transaction ID: SA11D.4351 NC Holly Ridge 28445 FEC ID number of contributing С H4NC03042 Amount of Each Receipt this Period

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER: PAGE	7 OF 18
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	_
	11a 11b 11c	11d
Detailed Suffiffally 1 age	12   <b>X</b>   13a   13b	14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS Full Name (Last, First, Middle Initial) Jason Ray Thigpen Date of Receipt Mailing Address 151 Pamlico Drive 2013 18 City State Zip Code Transaction ID: SA13A.4327 NC 28445 Holly Ridge FEC ID number of contributing Amount of Each Receipt this Period H4NC03042 federal political committee. 1300.00 Name of Employer Occupation Loan from Candidate None N/A Receipt For: 2014 Election Cycle-to-Date | Primary General 10400.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... 1300.00 TOTAL This Period (last page this line number only).....

### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER	PAGE	8	OF	18	
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	<b>X</b> 17	18		19a		] 191
Detailed Suffillary Fage	20a	20b		20c		21

		Detailed Summar	y Page	20a 20b 20c 21					
	y information copied from such Reports and Statements n for commercial purposes, other than using the name and								
	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS								
	Full Name (Last, First, Middle Initial)								
Α.	Carolina Storage Center			Date of Disbursement					
	Mailing Address 3311 Enterprise Drive			08 01 2013					
	City State	Zip Code		Amount of Each Disbursement this Period					
	Wilmington NC	28405		-					
	Purpose of Disbursement Storage Rental		001	370.00 Transaction ID : SB17.4304					
	Candidate Name THIGPEN FOR CONGRESS		Category/ Type						
	Office Sought:    House   Disbursement Fo								
В.	Full Name (Last, First, Middle Initial) Hayleigh Lynn Perez			Date of Disbursement					
	Mailing Address P.O. Box 2122			08					
	City State	Zip Code		Amount of Each Disbursement this Period					
	Raeford NC	28376		Amount of Each Disbursoment this Feriod					
	Purpose of Disbursement Travel Reimbursement		002	200.00 Transaction ID : SB17.4361					
	Candidate Name THIGPEN FOR CONGRESS		Category/ Type						
	Office Sought:    House   Disbursement Fo	General							
	Full Name (Last, First, Middle Initial)								
C.	Hayleigh Lynn Perez			Date of Disbursement					
	Mailing Address P.O. Box 2122			08 31 2013					
	City State Z	ip Code		Amount of Each Disbursement this Period					
		28376							
	Purpose of Disbursement Travel Reimbursement		002	45.00					
	Candidate Name THIGPEN FOR CONGRESS	Category/ Type	Transaction ID: SB17.4317						
	Office Sought:    House   Disbursement Fo		<b>**</b> **********************************						
s	UBTOTAL of Disbursements This Page (optional)			615.00					
Т	OTAL This Period (last page this line number only)								

### SCHEDULE B (FEC Form 3)

	FOR LI	ΝE	NUMBE	R:		PA	GE	9	OF	:	18
Use separate schedule(s)	(check	onl	y one)								
for each category of the Detailed Summary Page		X	17		18			19a			19b
			20a		20b			20c			21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.											

	MIZED DISBORSEMENTS	Detailed Summa		X   17   18   19a   19b   20c   21								
	r information copied from such Reports and Statements more for commercial purposes, other than using the name and a											
\	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS											
Α.	Full Name (Last, First, Middle Initial) Shell Mailing Address 610 Eastwood road			Date of Disbursement  O7 01 2013								
1	City State Wilmington NC  Purpose of Disbursement Auto Fuel	Zip Code 28403	000	Amount of Each Disbursement this Period  50.00  Transaction ID : SB17.4296								
_	Candidate Name THIGPEN FOR CONGRESS	0044	002 Category/ Type									
ę	Office Sought:    House   Disbursement For	General										
В.	Full Name (Last, First, Middle Initial) Shell		Date of Disbursement									
(	Mailing Address 610 Eastwood road  City State  Wilmington NC	Zip Code 28403		09 23 2013  Amount of Each Disbursement this Period								
	Purpose of Disbursement Auto Fuel  Candidate Name THIGPEN FOR CONGRESS		002 Category/ Type	64.21 Transaction ID : SB17.4320								
	Office Sought:    Senate	General	туре									
	Full Name (Last, First, Middle Initial)  Chris Thigpen			Date of Disbursement								
1	Mailing Address 626 East Southerland St.			08 / D D / Y Y Y Y O O O O O O O O O O O O O O O								
1		p Code 8466	001	Amount of Each Disbursement this Period 600.00								
_	Candidate Name THIGPEN FOR CONGRESS		Category/ Type	Transaction ID : SB17.4315								
	Office Sought:    House   Disbursement For	General										
SL	JBTOTAL of Disbursements This Page (optional)			714.21								
	OTAL This Period (last page this line number only)											

### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

		Detailed Suffiffial	y rage		$\lfloor    floor$	20a	20	b	20c	21
	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a					he purp	ose of	solicit	ing contrib	utions
$\rangle$	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS									
۹.	Full Name (Last, First, Middle Initial)  Jason Ray Thigpen				M		D D	nt / Y	2042	Y
	Mailing Address 151 Pamlico Drive				07		31		2013	
	City State Holly Ridge NC	Zip Code 28445		Ar	mou	int of Ea	ach Dis	burser	nent this P	eriod
	Purpose of Disbursement In-kind - Office Space, Telephone			Trav	ness	ction ID	· QD17	7.4354	800.0	00
	Candidate Name		Category/ Type		158(	טו ווטוו	. 301/	.4334		
	Office Sought:    House   Senate   President   Other (sp. state: NC District: 03	General	.,,,,,							
3.	Full Name (Last, First, Middle Initial)  Jason Ray Thigpen					of Disbu	urseme	nt / Y	YYY	Y
	Mailing Address 151 Pamlico Drive				08		31	L	2013	
	City State Holly Ridge NC	Zip Code 28445		Ar	mou	int of Ea	ach Dis	burser	nent this P	eriod
Purpose of Disbursement In-kind - Office Space, Telephone				Tran	800.00 Transaction ID : SB17.4353					
	Candidate Name		Category/ Type							
	Office Sought:    Senate   Disbursement For:     Senate   President   Other (sp. sp. sp. sp. sp. sp. sp. sp. sp. sp.	General								
`	Full Name (Last, First, Middle Initial)  Jason Ray Thigpen			Di	ate	of Disbu	ırseme	nt		
j.	Mailing Address 151 Pamlico Drive				М	M /	D D	/ Y	γ γ γ	Y
		Codo			09		30		2013	
	Holly Ridge NC 28	Code 3445		Ar	mou	int of Ea	ach Dis	burser	ment this P	-
	Purpose of Disbursement In-kind - Office Space, Telephone			1	_			-	800.	00
	Candidate Name		Category/ Type		isac	tion ID :	: SB17.	.4352		
	Office Sought:    Senate   President   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Disbursement For:   Primary   Other (sp. state: NC District: 03   Disbursement For:   Disbursement	General								
s	SUBTOTAL of Disbursements This Page (optional)					,		-,	2400.	00
Т	OTAL This Period (last page this line number only)									

### SCHEDULE B (FEC Form 3)

	FOR LINE	FOR LINE NUMBER: (check only one)					OF	18		
Use separate schedule(s)	(check on									
for each category of the Detailed Summary Page	×	17		18		19a		19b		
		20a		20b		20c		21		
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.										

TEMIZED DISBURSEMENTS	for each category Detailed Summary	of the	X   17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS			
Full Name (Last, First, Middle Initial)  Wells Fargo  Mailing Address 3750 Oleander Drive3750 Oleander D	Date of Disbursement  O7 09 2013		
City State Wilmington NC  Purpose of Disbursement Bank Fees  Candidate Name THIGPEN FOR CONGRESS  Office Sought: House Senate President President  Other (s	General	001 Category/ Type	Amount of Each Disbursement this Period  35.00  Transaction ID : SB17.4299
State: NC District: 03  Full Name (Last, First, Middle Initial)  Wells Fargo  Mailing Address 3750 Oleander Drive3750 Oleander D  City State Wilmington NC  Purpose of Disbursement Bank Fees  Candidate Name THIGPEN FOR CONGRESS  Office Sought: House Senate President State: NC District: 03	General	001 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period  14.00  Transaction ID: SB17.4302
Full Name (Last, First, Middle Initial)  Wells Fargo  Mailing Address 3750 Oleander Drive3750 Oleander D			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	General	001 Category/ Type	Amount of Each Disbursement this Period  14.00  Transaction ID : SB17.4314
SUBTOTAL of Disbursements This Page (optional)			63.00
TOTAL This Period (last page this line number only)			

#### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:	P	AGE	12	OF	18
Use separate schedule(s)	(check onli	y one)						
for each category of the Detailed Summary Page	X	17		18		19a		19b
Detailed Suffillary Fage		20a		20b		20c		21
ay not be sold or used by any ddress of any political commit					_			

Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Wells Fargo 2013 Mailing Address 3750 Oleander Drive3750 Oleander D 09 24 Zip Code City State Amount of Each Disbursement this Period NC Wilmington 28403 Purpose of Disbursement 35.00 Bank Fees 001 Transaction ID: SB17.4321 Candidate Name Category/ THIGPEN FOR CONGRESS Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President NC State: District: Full Name (Last, First, Middle Initial) Wells Fargo Date of Disbursement Mailing Address 3750 Oleander Drive3750 Oleander D 09 26 2013 City Zip Code State Amount of Each Disbursement this Period NC 28403 Wilmington Purpose of Disbursement Bank Fees 35.00 001 Transaction ID: SB17.4323 Candidate Name Category/ THIGPEN FOR CONGRESS Type Office Sought: House Disbursement For: 2014

Senate Primary General Other (specify) President State: NC District: Full Name (Last, First, Middle Initial) c. Wells Fargo Date of Disbursement Mailing Address 3750 Oleander Drive3750 Oleander D 09 30 2013 City Zip Code State Amount of Each Disbursement this Period Wilmington 28403 NC Purpose of Disbursement Bank Fees 14.00 001 Transaction ID : SB17.4324 Candidate Name Category/ THIGPEN FOR CONGRESS Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) NC State: District: 03 84.00 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

### SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:				PAGE	13	OF	18
Use separate schedule(s)	(check onl							
for each category of the Detailed Summary Page	X	17		18		19a		19k
Detailed Suffillary Fage		20a		20b		20c		21

	Botanou Gurrina	.,			20a	20b	20c	21	
	y information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any pol								٦
	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS								
۹.	Full Name (Last, First, Middle Initial) Wilco Hess			Date o		ursement	Y Y Y	Y	
	Mailing Address 5701 Oleander Drive		Į.	09		09	2013		
	City State Zip Code Wilmongton NC 28403		Α	Amou	nt of Ea	ach Disbu	rsement this	Period	
	Purpose of Disbursement Auto Fuel	002	Tra	ansac	tion ID	: SB17.43	,	0.36	
	Candidate Name THIGPEN FOR CONGRESS	Category/ Type							
	Office Sought:    House   Disbursement For: 2014     Primary   General   Other (specify)								
3.	Full Name (Last, First, Middle Initial)			_	_	ursement	Y " Y " Y	Υ	
	Mailing Address								
	City State Zip Code		Α	Amou	nt of Ea	ach Disbu	rsement this	Period	
	Purpose of Disbursement		ا [	_					
	Candidate Name	Category/ Type							
	Office Sought:  House Senate President  Disbursement For: Primary Other (specify)  State:  District:								
_	Full Name (Last, First, Middle Initial)			Date (	of Disbu	ursement			
Э.	Mailing Address		- [	M N	M /	D D /	Y Y Y	Υ	
	City State Zip Code		Α	Amou	nt of Ea	ach Disbu	rsement this	Period	_
	Purpose of Disbursement		<u>ا</u> [				,		
	Candidate Name	Category/ Type							
	Office Sought:  House Senate President  Disbursement For:  Primary Other (specify)  State:								
s	UBTOTAL of Disbursements This Page (optional)						, 2	0.36	
т	OTAL This Period (last page this line number only)		_ [				389	6.57	

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 14 OF 18 (check only one)  17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS	, , , , , , , , , , , , , , , , , , ,		
Α.	Full Name (Last, First, Middle Initial) Hayleigh Lynn Perez			Date of Disbursement
	Mailing Address P.O. Box 2122			07 31 2013
	City State Raeford NC	Zip Code 28376		Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment		001	Transaction ID : SB19B.4346
	Candidate Name THIGPEN FOR CONGRESS		Category/ Type	
	Office Sought:    House   Disbursement For   Primary	General		
_	Full Name (Last, First, Middle Initial)			
В.	Hayleigh Lynn Perez			Date of Disbursement
	Mailing Address P.O. Box 2122			08 16 2013
	City State Raeford NC	Zip Code 28376		Amount of Each Disbursement this Period
	Purpose of Disbursement Loan Repayment		001	250.00 Transaction ID : SB19B.4347
	Candidate Name THIGPEN FOR CONGRESS		Category/ Type	
	Office Sought:    House   Disbursement For	General		
	State: NC District: 03			
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Zi	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought:  House Senate Primary President  Disbursement For Primary Other (s	General		
_	State: District:	эрсспу)		
s	UBTOTAL of Disbursements This Page (optional)			1000.00

TOTAL This Period (last page this line number only).....

1000.00

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4247 NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Jason Ray Thigpen General Mailing Address Other (specify) 151 Pamlico Drive State ZIP Code City NC 28445 Holly Ridge Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 14 <sup>D</sup> <sup>M</sup> 03<sup>M</sup> 2013 0.00 03/14/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Jason Ray Thigpen None Mailing Address Occupation N/A 151 Pamlico Drive Amount Guaranteed 500.00 City State ZIP Code Outstanding: 28445 Holly Ridge NC Transaction ID: SC/10.4247.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4334 NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Jason Ray Thigpen General Mailing Address Other (specify) 151 Pamlico Drive State ZIP Code City NC 28445 Holly Ridge Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3800.00 3800.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 13<sup>D</sup> <sup>M</sup> 05<sup>M</sup> 2013 0.00 5/13/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Jason Ray Thigpen None Mailing Address Occupation N/A 151 Pamlico Drive Amount Guaranteed 3800.00 City State ZIP Code Outstanding: 28445 Holly Ridge NC Transaction ID: SC/10.4334.0.SC2 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3800.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4327 NAME OF COMMITTEE (In Full) THIGPEN FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Jason Ray Thigpen General Mailing Address Other (specify)  $\blacktriangledown$ 151 Pamlico Drive State ZIP Code City NC 28445 Holly Ridge Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1300.00 0.00 1300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>18 2013 0.00 7/18/2016 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1300.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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OANS		Detailed Summary Pa	
AME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4343
THIGPEN FOR CONGRESS			
LOAN SOURCE Full Name (Last, Find Hayleigh Lynn Perez	rst, Middle Initial)		Election: 2014  Primary  General
Mailing Address P.O. Box 2122			Other (specify)
City	State	ZIP Code	
Raeford	NC	28376	
Original Amount of Loan	Cumulative Pay	ment To Date Bal	ance Outstanding at Close of This Period
1000.0	0	1000.00	0.00
Date Incurred  M 04 / 08 / Y 2013		ate Due Interest Rat	
List All Endorsers or Guarantors (if		Name of Employer	
Full Name (Last, First, Middle Init Hayleigh Lynn Perez	iai)	Name of Employer Unemployed	
Mailing Address P.O. Box 2122		Occupation Student	
'	tate ZIP Code NC 28376	Amount Guaranteed Outstanding: Transac	0.00 tion ID : SC/10.4343.0.SC2
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	y y w
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 1
SUBTOTALS This Period This Page (op	tional)	<b>&gt;</b>	0.00
FOTALS This Period (last page in this li	ne only)		5600.00
Carry outstanding balance only to LINE	3. Schedule D. for this	s line. If no Schedule D. carry for	ward to appropriate line of Summary.